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		Patent and Trademark				
PTO/SB/01		Attorney Docke		66-00778		
(8/96)	RATION	First Named in		lector F. DeLuca		
		Application No.	COMPLETE IF KNOWN Application Number 10/127,180			
Declaration OR Submitted with	Declaration ☑ Submitted after			10/127,180		
Initial Filing	Initial Filing (surcharge	Filing Date		April 22, 2002		
muai rimg	37 CFR 1.16(3)) require	ed) Group Art Unit		1614		
		Examiner Name	e			
As a below named invent	or, I hereby declare that:					
My residence, post office	e address, and citizenship	are as stated below ne	ext to my name.			
I believe I am the origina plural names are listed be entitled:	al, first and sole inventor (elow) of the subject matte	if only one name is li r which is claimed an	sted below) or an o d for which a pater	original, first and jo nt is sought on the i	int inventor (if nvention	
(20S)-1α-H	ydroxy-2α-Methyl a	nd 2β-Methyl-19	-Nor-Vitamin	D ₃ and Their U	ses	
		(Title of the Inventio	n)			
the specification of which	h		•			
is attached hereto						
OR ·		7				
was filed on (MM/D)		_	pplication Number	or PCT		
International Number (if applicable).	10/127,180 and was a	mended on (MM/DD	/YYYY)			
I hereby state that I have amended by any amended	reviewed and understand nent specifically referred t	the contents of the alto above.	pove identified spe	cification, including	g the claims, as	
I acknowledge the duty t	o disclose information wh	nich is material to pate	entability as define	d in Title 37 Code	of Federal	
Regulations, §1.56.		•				
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DECLARATION										
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Parent Application PCT Parent Number			Parent Filing Date			Parent Patent Number				
	Number		(M	M/DD/YYY	Y)	(if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.										
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:										
				cted the	rewith:		Registration			
ì	Name Registration Number		Name			Number				
Daniel D.	Fetterlev	20,3		Joseph	J. Jochman,	Jr.	25,058			
George H.		25,9		Joseph	D. Kuborn	-	40,689			
Gary A. E.		29,3 29,3		Jeffrey S. Sokol			35,686			
Thomas M	Thomas M. Wozny 28,922			William L. Falk			27,709			
Michael E	Michael E. Taken 28,120		20							
☐ Additio	onal attorney(s)	and/or agent(s)	named on a	supplen	iental sheet a	attache	d hereto.			
⊠ Please	direct all corresp	ondence to:	Name The	omas M	. Wozny, Re	g. No.	28,922			
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Country	United States	Telephone (414) 271-7590 Fax (414) 271-5770								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued										
Name of Sole or First Inventor:										
Given Name (first and middle [if any]) Family Name or Surname										
Hector F. DeLuca										
Inventor'		7 /	7				11 100			
Signature	Juto	7. L	1. K			Date 4	4/11/02			
		erfield	State	WI (Country [USA	Citizenship USA			
POST OFFICE ADDRESS 1809 Highway BB										
City Deerfield State WI Zip 53531 Country USA							L			
Additional inventors are being named on supplemental sheet(s) attached hereto.										

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:		A petition	has b	een filed fo	r this unsigned	inventor
Given Name (first and middle [if any])	Family Name or Surname					
Rafal R.		Sicinsk	i			
Inventor's Signature Rican				Date	5/02/02	
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POST OFFICE ADDRESS ul. Waxzyngtona 33		ip 04-03	0	Countr	v Poland	
City Warsaw State		1p 04-02		Count	<u> </u>	
Name of Additional Joint Inventor, if any:		A petition			r this unsigned	inventor
Given Name (first and middle [if any])			Family Name or Surname			
Pawel K.		Grzyw	acz			
Inventor's Rawel Guywace			Date		6/2002	
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